Rev. 06/2006

## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Bc Filed By:

LOBBYISTS (Sec. 67-6619) Page of Page(s)
THIS SPACE FOR OFFICE USB ONLY

03 APR -3 AN 10:54

STATE OF IDAHO

|   | (Type or print clear<br>See instructions at  | •  |                      |          |   |   |                  |          |                |            |  |  |
|---|--|--|----------------------|----------|---|---|------------------|----------|----------------|------------|--|--|
| Lobbyis   | t's name and permanent busin   |  | L                    | atc p    | prepared  |   | Period covered   |          |                |            |  |  |
|   | ili Fairless   |  | 1                    |          |   |   | month ending     |          |                |            |  |  |
|   | 0 N. Main Street, Suite  | e 230                                    |                      | 04/02/08 |   |   | (Mo.             | ) (Day)  | (Yr.)          |            |  |  |
| ME  | eridian, ID 83642  |  |                      | İ        |   |   |                  | 03       | 1              | 08         |  |  |
| Item  |  |  |                      |          |   |   |                  |          |                |            |  |  |
|   |  | ble expenditures made                    |                      |          |   |   |                  |          |                | yer.       |  |  |
| Reimb   | stegory of Expenditure<br>ursed Personal Living and Travel<br>as Pertaining to Lobbying Activity | *Total Amount for<br>All Employers       | Item 3, at hottom of |          | nts contributed by each employer (Id<br>of page.) |   |                  |          |                |            |  |  |
|   | Not Have to be Reported  |  | Employer N           | 0, 1     | Employer No. 2                                    |   | Employer No. 3   |          | Employer No. 4 |            |  |  |
| Enterta:<br>Food ar   | inment<br>nd Refreshment   | \$                                       | _ s                  |          | \$  |   | \$               |          | s              |            |  |  |
| Living/   | Accommodations   |  | _ [                  |          | _   |   |                  |          |                |            |  |  |
| Adverti   | sing   |  |                      |          | _   |   |                  |          |                |            |  |  |
| Travel  |  | -5-1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |                      |          |   |   |                  |          |                |            |  |  |
| Telepho   | ne   |  |                      |          | _   |   |                  |          |                |            |  |  |
| Other E   | xpenses or Services  |  |                      |          | _   |   |                  |          |                |            |  |  |
|   |  |  |                      |          | =   |   |                  |          |                |            |  |  |
|   | Total  | \$0.00                                   | _ s                  | 0.00     | \$ _  | 0.00  | \$               | 0.00     | s              | 0.00       |  |  |
|   |  | 1  |                      |          |   |   |                  |          |                |            |  |  |
| •When   | the number of employers yo   | ture of more than fifty                  | dollars (\$50) for a | iegislar | or o  | other holder of pu  | hlic office, and | executiv | e officials.   | on Page 1, |  |  |
| 2   |  |  |                      | Amount   |   |   |                  |          |                |            |  |  |
|   |  |  |                      |          |   |   |                  |          |                |            |  |  |
|   |  |  |                      |          |   |   |                  |          |                |            |  |  |
|   |  |  |                      |          |   |   |                  |          |                |            |  |  |
|   |  |  | l                    |          |   |   |                  |          |                |            |  |  |
|   | l  |  | Ì                    |          |   |   |                  |          |                |            |  |  |
|   |  |  |                      |          |   | }   |                  |          |                |            |  |  |
|   |  |  |                      |          |   | }   |                  |          |                |            |  |  |
|   | Continued on attached page(s)  | )  |                      | Tto      | _   |   |                  |          |                |            |  |  |
| INSTRUCTIONS  |  |  |                      |          |   | Employer(s) Name(s) and Address(es)   |                  |          |                |            |  |  |
| L   |  |  |                      | -        | \/  | allev Regional  | Transit          |          |                |            |  |  |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code  Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month. |  |  |                      |          |   | No. I Valley Regional Transit<br>830 N, Main Street, Suite 230 - Meridian, ID 83642 |                  |          |                |            |  |  |
|   |  |  |                      |          |   | No, 2   |                  |          |                |            |  |  |
|   |  |  |                      |          |   |   |                  |          |                |            |  |  |
|   | Secr   | etury of State                           |                      |          |   |   |                  |          |                |            |  |  |
|   |  | Box 83720<br>ID 83720-0080               | No.                  |          |   |   |                  |          |                |            |  |  |
|   |  | 2852 Fax: (208) 334                      | 1,,,,,               |          |   |   |                  |          |                |            |  |  |

| Item<br>4 | pers      | onal property to any Legislator, Public or Executive C |  | employer in the nature of contributions of money or other tangible or intangible official or for or on behalf of any Legislator, Public or Executive Official. |  |  |  |  |  |  |
|-----------|-----------|--|--|--|--|--|--|--|--|--|
| Item      | Subje     | Oate   | Amount NONE  | ion, the number of the Senate  | me of  | Legislator, Public of Executive Of   |  | IDENTIFICATION   |  |  |
| (fron     | or Ho     | use Bill, l<br>obbyist w<br>Bill, Re<br>Legislati      | Resolution or other as supporting or or solution or Other ve Ident. Number HB688 | legislative activity in which  | 01<br>02<br>03<br>04<br>05<br>06<br>07<br>08<br>09 | e Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds  |  | Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals |  |  |
| Item<br>6 | bid or bi |  | , financial service:   | sion. procurement, contract,<br>s or bond lobbyist was   | -  | CERTIFICATION: I hereby certify correct statement in accordance with the condense of the conde |  |  |  |  |